PART B - FEE(S) TRANSMITTAL

Complete and send t	this form Rogether vi	h applicable f	ee(s), to: <u>Mail</u> or Fax	Mail Stop ISSUI Commissioner fo P.O. Box 1450	E FEE or Patents ginia 22313-1450	
INSTRUCTIONS: This fo appropriate. All further co- indicated unless corrected maintenance fee notification	orm should be used for trace rrespondence including the below or an analysis see	smitting the ISSU Patent, advance or in Block 1, by (a			nired). Blocks 1 through 5 sh will be mailed to the current ; and/or (b) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 06/13/2005  WATTS, HOFFMANN, FISHER & HEINKE CO., L.P.A.				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
PO BOX 99839 Cleveland, OH 44199-0839 /16/2005 JBALINA2 0000006 10033355				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
FC:2501 700.00 OP				Patricia Tanner (Depositor's name)		
FC:1504 300.00 QP				Hotocias Homer		(Signature)
FC:8001			September	13, 2005	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/033,355	11/01/2001		George Jordan		15-784	7129
TITLE OF INVENTION: V	VATER TREATMENT SYS	ГЕМ				
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	<del>муж</del> \$1009	09/13/2005
EXAMINER			ART UNIT CLASS-SUBCLASS		]	
CINTINS, IVARS C			1724 210-191000			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered at 3 r				on the patent front page, list of up to 3 registered patent attorneys alternatively,  f a single firm (having as a member a mey or agent) and the names of up to tent attorneys or agents. If no name is e will be printed.  **The patent front page, list  **Watts Hoffmann Co., L.P.A.**  **Watts Hoffmann Co., L.P.A.**  **Watts Hoffmann Co., L.P.A.**  **The patent front page, list  **Watts Hoffmann Co., L.P.A.**  **Watts Hoffmann Co., L.P.A.**  **Watts Hoffmann Co., L.P.A.**  **Watts Hoffmann Co., L.P.A.**  **The patent front page, list  **Watts Hoffmann Co., L.P.A.**  **Watts Hoffmann Co., L.P.A.**  **The patent attorneys or agents. If no name is example to the patent attorneys or agents. If no name is a transfer attorneys or agents attorneys or agents. If no name is a transfer attorneys or agents attorneys or agents. If no name is a transfer attorneys or agents attorneys or agents. If no name is a transfer attorneys or agents attorneys or agents attorne		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
KINETICO, IN	CORPORATED		NEWBURY, O	HIO		
Please check the appropriate 4a. The following fee(s) are	e assignee category or catego enclosed:		nted on the patent): . Payment of Fee(s):	Individual XX Co	orporation or other private gro	up entity Government
Issue Fee XX A check in the amount of the fee(s) is enclosed.						
☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Advance Order - # of Copies3						
Advance Order - # of	Copies 3		The Director is Deposit Account Nu	hereby authorized by c mber 23-0630by c	harge the required fee(s), or c	redit any overpayment, to py of this form).
a. Applicant claims S	(from status indicated above MALL ENTITY status. See 3	) 37 CFR 1.27.	☐ b. Applicant is no	o longer claiming SMA	LL ENTITY status. See 37 CF	R 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) yords of the United States Pate	e Fee and Publicat yill not be accepted at and Trademark	ion Fee (if any) or to from anyone other t Office	re-apply any previousl han the applicant; a reg	y paid issue fee to the applicat istered attorney or agent; or the	ion identified above. e assignee or other party in
Authorized Signature Date September 13, 2005  Typed or printed name Jennifer Nock Hinton Registration No. 47,653						
Typed of printed name _	$\overline{}$					
This collection of information application. Confidential submitting the completed aphis form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. pplication form to the USPT's for reducing this burden, shinia 22313-1450. DO NOT \$1450.	11. The information 122 and 37 CFR 1 D. Time will vary ould be sent to the SEND FEES OR C	n is required to obtain .14. This collection depending upon the Chief Information C OMPLETED FORM	n or retain a benefit by the sestimated to take 12 individual case. Any confficer, U.S. Patent and IS TO THIS ADDRESS	he public which is to file (and minutes to complete, including mments on the amount of tin Trademark Office, U.S. Depa S. SEND TO: Commissioner for	by the USPTO to process) g gathering, preparing, and he you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.